



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2598886861
Outpatient Patient Service Revenue	\$1356044895
Total Gross Patient Service Revenue	\$3954931756

2. Deductions From Revenue

Contractual Allowance	\$2703771414
Other Deductions	\$53004344
Total Deductions	\$2756775758

3. Total Operating Revenue

Net Patient Service Revenue	\$1198155998
Other Operating Revenue	\$91521279
Total Operating Revenue	\$1289677277

4. Operating Expenses

Salaries and Wages	\$282015611	Employee Benefits	\$75582139
Depreciation and Amortization	\$37443044	Interest Expense	\$5514231
Bad Debt	\$24315938	Other Expenses	\$667603541
Total Operating Expenses	\$1092474504		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$197202772	Total Assets	\$592333533
Net Non-operating Gains over Loss	\$-2557084	Total Liabilities	\$614465845

Total Net Gains	\$194645688
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1672900783	\$1328988201	\$343912582
Medicaid	\$866549139	\$698110929	\$168438210
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1415481835	\$729676628	\$685805207
Total	\$3954931757	\$2756775758	\$1198155999

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$507001	\$493338	\$13663

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$391197	\$22689	\$368508

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$21319593	\$-21319593
Hospital Patients	\$0	\$495630	\$-495630
Community Education	\$0	\$1430058	\$-1430058

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	29779
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$128161706
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$31649764	
HCI Payments	\$0		
Subtotal	\$0	\$31649764	\$-31649764
Medicaid Shortfalls	\$177483802	\$264417139	
Subtotal	\$177483802	\$264417139	\$-86933337
DSH Payments	\$50,680,883		
Subtotal	\$228164685	\$264417139	\$-36252454
Medicare Shortfalls	\$336622041	\$413125860	
Other Government Programs	\$0	\$0	
Total	\$564786726	\$677542999	\$-112756273

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3990244	\$-3990244
Community Assessment	\$0	\$22139715	\$-22139715
Provision of Taxes	\$0	\$50421270	\$-50421270
Other Allocations	\$0	\$0	\$0

Comments

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